

## Service Code Cheat Sheet (FY24-25)

Information in **PINK** are codes and/or details that have been recently added to support your ability to accurately code your services.

Service Code	Type of Service	Description	MD/ NP	LMFT, LCSW, LPCC, Ph.D., PsyD (Including Associates)	RN	LVN/ LPT	MFT/ SW Clinical Trainee	OT	PSS	MHRS/ CW/CHW /PSW
<b>Assessment</b>										
<b>5CA</b>	Assessment (Non-MD)	Mental Health Assessment by a non-MD. Time writing up the assessment should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y^	Y
<b>14CA</b>	MD/NP Assessment <i>31 or more minutes</i>	Mental Health Assessment by a MD/NP. Time writing up the assessment should be captured in the "Documentation Time" field. <i>MD/NP Assessment under 31 minutes cannot be billed using MD/NP Assessment codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***</i>	Y							
<b>90885CA</b>	Assessment (Only Chart Review) <i>31 or more minutes</i>	External Chart Review, including hospital records. Time spent reviewing external charts should be captured in the "Service Time" field. <i>This <u>excludes</u> internal chart reviews.</i> <i>Assessment (Only Chart Review) under 31 minutes cannot be billed using Assessment (Only Chart Review) codes. Consider if another code is more appropriate for the</i>	Y	Y			Y*			

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		<i>service provided (e.g., rehab, etc)***</i>								
<b>Treatment Planning</b>										
<b>6CA</b>	Plan Development (Non-MD/NP)	Plan development by non-MD/NP.  Time writing up the treatment plan should be captured in the "Documentation Time" field.		Y	Y	Y	Y*	Y	Y^	Y
<b>Individual Therapy</b>										
<b>90832CA</b>	Individual Therapy 16-37 minutes  <i>(Individual Therapy 1-15 minutes is not billable)</i>	Use for Individual Therapy between 16-37 minutes.  <i>Individual Therapy under 16 minutes cannot be billed using Individual Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc.).***</i>	Y	Y			Y*			
<b>90834CA</b>	Individual Therapy 38-52 minutes	Use for Individual Therapy between 38-52 minutes.	Y	Y			Y*			
<b>90837CA</b>	Individual Therapy 53 or more minutes	Use for Individual Therapy 53 or more minutes	Y	Y			Y*			
<b>Family Therapy</b>										
<b>41CA</b>	Family Therapy 26 or more minutes	Use this for Family Therapy Service 26 or more minutes	Y	Y			Y*			

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	minutes  (Family Therapy 1-25 minutes is not billable)	Family Therapy under 26 minutes cannot be billed using Family Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***								
<b>Group Therapy</b>										
10CA	Group Therapy 23 or more minutes	Group therapy service 23 or more minutes  Group Therapy under 23 minutes cannot be billed using Group Therapy codes. Consider if another code is more appropriate for the service provided (e.g., rehab, etc)***	Y	Y			Y*			
<b>Rehabilitation Services</b>										
7CA	Rehabilitation	Use for rehabilitation services.	Y	Y	Y	Y	Y*	Y	Y^	Y
70CA	Rehabilitation Group	Use for rehabilitation groups.	Y	Y	Y	Y	Y*	Y	Y^	Y
<b>Crisis Intervention</b>										
2CA	Crisis Intervention	Use for crisis intervention services.	Y	Y	Y	Y	Y*	Y	Y^	Y
<b>Case Management</b>										
51CA	Case Management	Use for Case Management Services.	Y	Y	Y	Y	Y*	Y	Y^	Y
<b>Case Conference</b>										
99368CA	Non-MD Team	Medical team conference with	Y (NP	Y	Y		Y*			

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	Conf Ct/Fam Not Present (minimum 30 minutes)	interdisciplinary team of health care professionals <b><u>without client or family present.</u></b>	only)							
99366CA	Non-MD Team Conf Ct/Fam Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals (e.g., meeting between BHRS team and contract agency team) face-to-face <b><u>with client or family present.</u></b>	Y (NP only)	Y	Y		Y*			
99367CA	MD Team Conf. Ct/Fam Not Present (minimum 30 minutes)	Medical team conference with interdisciplinary team of health care professionals <b><u>without client or family present.</u></b>	Y (MD only)							
99484CA	MD Directed Care Management (minimum 20 minutes)	Care management services for behavioral health conditions directed by a physician or other qualified health care professional providers.  May only bill for <b><u>one</u></b> instance of this service <b><u>per calendar month.</u></b>  Must include the following required elements:  <ul style="list-style-type: none"> <li>- initial assessment or follow-up monitoring, including the use of applicable validated rating scales;</li> <li>- behavioral health care planning in relation to behavioral/psychiatric health problems, including revision</li> </ul>	Y	Y	Y	Y				

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		<p>for patients who are not progressing or whose status changes;</p> <ul style="list-style-type: none"> <li>- facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.</li> </ul>								
<b>Medication Support Services</b>										
<i>**MD's/NP's can also use the applicable Medication Support codes below marked with ** for documenting Treatment Planning Services**</i>										
<b>99212CA**</b>	Med Opt 10-19 minutes	Use for medication support services between 10-19 minutes, including any plan development around med support.	Y							
<b>99213CA**</b>	Med Opt 20-29 minutes	Use for medication support services between 20-29 minutes, including any plan development around med support.	Y							
<b>99214CA**</b>	Med Opt 30-39 minutes	Use for medication support services between 30-39 minutes, including any plan development around med support.	Y							
<b>99215CA**</b>	Med Opt 40 or more minutes	Use for medication support services 40 or more minutes, including any plan development around med support.	Y							

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<b>17CA**</b>	Medication Support	Use for Medication Support Services that do not fall into one of the Med Support categories above.	Y		Y	Y				
<b>16CA</b>	Medication Injection 1-15 minutes	16CA is only billable for medication injection services between 1-15 minutes. <i>For a service over 15 minutes, please consider adding another service code.</i>	Y		Y					
<b>150CA</b>	Medication Group	Use for Medication Support Groups	Y		Y	Y				
<b>Medication Support Provided in Adult Residential Programs</b>										
<b>99347CA</b>	Med Residential 20-29 minutes	Use for medication support services between 20-29 minutes. Only for in-person visits at an adult residential facility.	Y							
<b>99348CA</b>	Med Residential 30-39 minutes	Use for medication support services between 30-39 minutes. Only for in-person visits at an adult residential facility.	Y							
<b>99349CA</b>	Med Residential 40-59 minutes	Use for medication support services between 40-59 minutes. Only for in-person visits at an adult residential facility.	Y							
<b>99350CA</b>	Med Residential 60+ minutes	Use for medication support services between 60+ minutes. Only for in-person visits at an adult residential facility.	Y							

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<b>Specialty Children’s Services</b>										
ICC_CA	Intensive Care Coordination	<i>Use for case management services provided to clients ages 20 and under <b>who are approved for ICC services</b>. If your client is not approved for ICC services, or is 21 years old and over, DO NOT use this service code and instead use 51_CA Case Management.</i>	Y	Y	Y	Y	Y*	Y	Y^	Y
CFTICC_CA	Children and Family Team ICC	<i>Use to document your time spent attending and participating in a CFT Meeting.</i>	Y	Y	Y	Y	Y*	Y	Y^	Y
58CA	Therapeutic Behavioral Support	Use for TBS services	Y	Y	Y	Y	Y*	Y	Y^	Y
<b>IHBS Services</b>										
<p>Unlike other services, IHBS Services are identified using the <b>LOCATION CODE, <u>not</u></b> the Service Code.</p> <p><b><u>For IHBS Services, always use Location Code IHBS Home Visit.</u></b></p> <p><b>Service Code:</b> Use the service code that most accurately reflects the type of service being provided in the home as an IHBS service. For instance, if you are providing a rehab service in the home, then use 7CA as the service Code.</p>			Y	Y	Y	Y	Y	Y	Y^	Y
<b>Peer Support Specialist Services</b>										
H0038	Peer Support/Self Help Therapy	Use for Peer Support Services such as prevention/recovery coaching, linking to resources and recovery related education							Y	

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		provided to individuals and their support persons.								
<b>H0025</b>	Peer Support Prevention Education Group	Use for Peer Support Prevention/Education Groups provided to individuals and their support persons.							Y	
<b>Add-On Service Codes</b>										
<b>T1013 and T1013X</b>	Sign Language or Oral Interpretive	<p>Use when third-party interpretation was provided during the session/service.</p> <p><i>The amount of time entered for interpretation should not exceed the time of the session/service.</i></p> <p>T1013X should be used for services: 6CA, 7CA, 51CA, 70CA, CFTICC_CA, ICC_CA. Avatar users will see that only the version of this code (T1013 or T1013X) that is applicable for the service provided will pop up as an option on the add-on code drop down.</p> <p>Neither T1013 or T1013X can be used for 90885CA.</p>	Y	Y	Y	Y	Y*	Y	Y	Y
<b>T1013M</b>	Sign Language or Oral Interpretive for Medical Services	<p>Use when third-party interpretation was provided during the session/service <b>for Medical Services.</b></p> <p><i>The amount of time entered for interpretation should not exceed the time of</i></p>	Y		Y	Y				



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		<i>the session/service.</i>								

\*Please note that MFT/SW/ PCC Clinical Trainees require a co-signature on all progress notes.

\*\*MD's/NP's can also use these Medication Support codes for documenting Treatment Planning Services

\*\*\* For services with a minimum minute requirement, if the service duration is less than the minimum number of minutes required, that service cannot be billed to Medi-Cal. Consider if another code is more appropriate for the service provided (e.g., rehab, etc). However, if you determine that the service code continues to be appropriate, you may use the service code even if the service is not billable based on not meeting the minimum time requirement.

^ Peer Support Specialists who use these codes will be billed at the MHRS/CW rate, not the PSS rate.

Legend:	
CHW	Community Health Workers
CW	Case Workers
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LPT	Licensed Psychiatric Technician
LVN	Licensed Vocational Nurse
MD	Doctor of Medicine
MFT	Associate Marriage and Family Therapist
MHRS	Mental Health Rehabilitation Specialist
NP	Nurse Practitioner
OT	Occupational Therapist
PSW	Peer Support Worker
Ph. D	Doctor of Philosophy
PSS	Peer Support Specialist
PsyD	Doctor of Psychology
RN	Registered Nurse
SW	Associate Clinical Social Worker